mpleto and mail this form, together with app FEB 0 8 2000

PART B-ISSUE FEE THANSMITTAL **Box ISSUE FEE** fees, to:





(Depositor's name)

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

IM22/1123

NANCY M KLEMBUS 280 N WOODWARD AVENUE SUITE 400 BIRMINGHAM MI 48009

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

JANICE BLERK HARDT

			Sanice Bus	khrist	(Signature)
			2/4/00		(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS EXAMINER AND GROUP A		UNIT	DATE MAILED
08/817,278	04/10/97	003 DAL	JERMAN, S	1761	11/23/99
First Named HUY; Applicant	****	35 USC 1	(54(b) term ext. =	0 Days	· n

EDIBLE ANIMAL GREETING CARDS INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SM	MALL ENTITY	FEE DUE	DATE DUE		
1 H0Y-00102/(	03 426-087.	000 Z99	9 UTIL	.ITY	YES INCI	\$1210.00	02/23/00		
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name					ng on the patent front page, list / es of up to 3 registered patent agents OR, alternatively, (2)				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  the name of member a					of a single firm (having as a registered attorney or agent) 2 Sprinkle, Anderson & less of up to 2 registered patent				
				or agents. If no name is listed, no be printed.  3 Citkowski, P.C.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment.  (A) NAME OF ASSIGNEE					4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  XXIssue Fee  XX Advance Order - # of Copies				
(B) RESIDENCE: (CITY & STATE OR COUNTRY)					4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 07-1180  (ENCLOSE AN EXTRA COPY OF THIS FORM)				
Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual  corporation or other private group entity  government					☐ Issue Fee ANY DEFICIENCIES IN THE ☐ Advance Order - # of Copies ENCLOSED FEES				
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.									
(Authorized Signature)  NOTE; The ssue Fee will not be accept	oted from anyone other than the	(Date)	14/00		n e	CEI			
or agent; of the assignee or other party in interest as shown by the records of the Patent and Trademark Office.				NOV 2 7 1999  GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C.					
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231									
Under the Paperwork Reduction Act of information unless it displays a va		uired to respond t	o a collection	· 			, 5000 1953 1953 1953 1953		

PART B-ISSUE FEE TRANSMITTAL and mail this egyp, together with app Comple o fees. to: **Box ISSUE FEE Assistant Commissioner for Pate** FEB 0 8 20C0 漢 Washington, D.C. 20231 MAILING VICETRUCTIONS This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Certificate of Mailing CÛRRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class IM22/1123 mail in an envelope addressed to the Box Issue Fee address above on NANCY M KLEMBUS the date indicated below. 280 N WOODWARD AVENUE SUITE 400 BIRMINGHAM MI 48009 ANICE DURKHARDT (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 08/817,278 04/10/97 003 DAUERMAN. 1761 11/23/99 HUY, First Named 35 USC 154(b) term ext. Applicant 0 Days. EDIBLE ANIMAL GREETING CARDS TITLE OF INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE HOY-00102/03 426-087.000 Z99 UTILITY \$1210.00 02/23/00 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent Gifford, Krass, Groh, attorneys or agents OR, alternatively, (2)  $\square$  Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) 2Sprinkle, Anderson & PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3 Citkowski, P.C. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to XX Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. XX Advance Order - # of Copies\_ 10 (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) 07-1180 DEPOSIT ACCOUNT NUMBER\_ (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ANY DEFICIENCIES IN THE Issue Fee individual corporation or other private group entity □ government Advance Order - # of Copies ENCLOSED FEES The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) 00 NOTE; The Issue Fee will not be accepted from anybne other than the applicant; a registered attorney or agent; bit the assignee or other party in interest as shown by the records of the Patent and Trademark Office. NOV 27 1999 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark GIFFORD, KRASS, GROH, SPRINKLE Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ANDERSON & CITKOWSKI, P.C. ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.